


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90294 037 ***150.00

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| DOCUMENT # G88125 1. Entity Name AUTOMATION INNOVATORS, INC. |  |
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|---|---|
| Principal Place of Business 8122 BLAIKIE COURT INT'L TRADE CENTER SARASOTA, FL 34240 US | Mailing Address 8122 BLAIKIE COURT INT'L TRADE CENTER SARASOTA, FL 34240 US |
|---|---|

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| 2. Principal Place of Business 1351 Quail Run Trail Suite, Apt. #, etc. | 3. Mailing Address 1351 Quail Run Trail Suite, Apt. #, etc. |
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|-------------------------------------|-------------------------------------|
| City & State Sarasota, FL | City & State Sarasota, FL |
| Zip 34232 | Zip 34232 |
| Country USA | Country USA |



04212005 Chg-P CR2E034 (10/03)

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|--|---|
| 6. Name and Address of Current Registered Agent WINSLER, ROBERT J JR 1351 QUAIL RUN TRAIL SARASOTA, FL 34232 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
|--|---|

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S WINSLER, PEGGY 1351 QUAIL RUN TRAIL SARASOTA, FL 34239 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DP WINSLER, ROBERT J JR 1351 QUAIL RUN TRAIL SARASOTA, FL 34239 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY - ST - ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert J Winsler Jr
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-05

941 650 8423

Date

Daytime Phone #